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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Tramadol, Gabapentin, and Zanaflex

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Internal Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Request for IRO dated 08/25/11
2. Request for medical records dated 08/29/11
3. Clinical records Dr. dated 05/27/04-07/25/11
4. Utilization review determination dated 05/09/11
5. Utilization review determination dated 08/10/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on XX/XX/XXXX. He is reported to have persistent neck and back pain.

A clinic note dated 05/27/04 indicates he has 16% whole person impairment with MMI of xx/xx/xxxx. He is reported to have chronic pain and persistent stiffness in right shoulder. His past medical history includes a right rotator cuff tear, diabetes, hypertension, high cholesterol, asthma, stress and mood disturbance, anxiety, and carpal tunnel of right hand. On physical examination he is 6'2" tall and weighs 213 lbs. He has reduced cervical range of motion. He has tenderness at C5. Spinal movement is awkward. There is splinting. Sitting posture is awkward and he leans to right and constantly fidgets while seated. He is tender over the spinous processes. Lumbar range of motion is decreased in all planes. There was no dermatomal sensory loss. Straight leg raise was negative. He is opined to have chronic pain syndrome and was provided medication management consisting of Neurontin, Ultram and Zanaflex.

The claimant was seen in follow-up on 03/02/11 and continues to be off work. He is recommended to have vocational assistance. He is permanently disabled. He is reported to be upset over an unfavorable disability determination. He is reported to have dizziness, unclear thinking, and memory problems possibly attributable to medications. He is reported to be very depressed. Topamax side effects are reported to have resulted in visual disturbance, loss of coordination. He has reportedly lost 30 lbs. He is reported to have cramps in his legs and hands. He has been told by his adjustor that they will no longer cover Neurontin. He reported pain in neck and back. He has chronic persistent right shoulder pain. Physical examination is unchanged. Straight leg raise is negative. There is no sensory loss. He was prescribed Naprosyn, Ultram and Zanaflex.

On 05/09/11 the request was reviewed by Dr. Dr. notes on the date of injury the claimant caught a pipe that was falling and felt pain in his back, arms and legs. He was later diagnosed with right carpal tunnel syndrome and known to have long standing problems with right side of neck and shoulder. EMG/NCV showed carpal tunnel compression. The claimant was given conservative treatment. He was seen by multiple evaluators where he was diagnosed with impingement of the right shoulder and cervical spondylosis and mild right carpal tunnel syndrome. The claimant was later seen by Dr., a designated doctor on 02/15/99 subsequently resulting in 16% impairment rating. He notes the claimant is reported to have chronic pain syndrome and right upper extremity pain. He indicates the claimant has undergone multiple examinations which showed nonspecific findings. Dr. notes the injury is ill-defined and the claimant currently exceeds current evidence based guidelines regarding treatment. He indicates the continued use of oral medications would be excessive.

The claimant was seen in follow-up on 05/26/11. At this time it is reported he is willing to participate in vocational rehabilitation. It is noted the claimant has whole person impairment rating of 16% and Dr. minimizes the injury to upper extremity strain. He further opines the claimant suffers from chronic pain disturbance and medications are medically necessary. He disagrees with the report authored by Dr. He reported the claimant can tolerate sitting 2-3 hours a day, walk 1 hour a day, and may sit 15-20 min without needing to change positions. He is limited to occasionally lifting 15 lbs and never lifting over 20. He may not bend or reach above shoulder level. He is reported to have abnormal MRI and muscle tension and neuromuscular findings. He is reported to require some modification of pain control. He is upset of an unfavorable disability determination. He has sleep disturbance, persistent neck and back pain. He reported numbness in fingers of left hand and right foot. There is no change in the claimant's physical examination. The most recent clinic note is dated 07/25/11. It is opined the claimant continued to be provided medications to treat chronic pain related with cervical and lumbar disc herniations. There is no significant change in claimant's physical examination.

A subsequent appeal request was reviewed on 08/10/11 by Dr. MRI is reported to show disc disruption C3-4, C4-5 and C5-6. Electrodiagnostic studies did not identify radiculopathy but did identify mild carpal tunnel syndrome consistent with diabetic history. He notes the claimant received infusions of Lidocaine and Methocarbamol in 1997. He later came under the care of Dr. Dr. finds the claimant's medications are ineffective for pain control and that his rebuttal report includes same description of physical findings as his predecessors. Dr. subsequently non-certified the request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The request for the medications Tramadol, Gabapentin, and Zanaflex are not supported by the submitted clinical records. The available medical records indicate the claimant sustained work related injuries as a result of lifting a pipe or coming into contact with pipe on date of injury. Records indicate the claimant has undergone extensive conservative treatment with no substantial improvement. Of note, the record does not clearly establish the presence of pathology in right upper extremity, nor does the record provide significant objective data to establish the claimant's pain levels are such that he would require synthetic narcotic for pain

relief. There is no objective evidence of neuropathic pain on physical examination, and the claimant has previous negative EMG/NCV studies. Therefore, there would be no clinical indication for use of Gabapentin. The record does not provide any data establishing the claimant has chronic myospasms requiring daily use of muscle relaxant. Therefore, based on this information and noting ODG does not support chronic use of muscle relaxants such as Zanaflex in treatment of myofascial pain. Based on the totality of the clinical information, the requests are not supported as medically necessary, and the prior utilization review determinations are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)